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CONFIRMATION NO. 8617

<b>SERIAL NUMBER</b> 10/569,519	<b>FILING OR 371(c) DATE</b> 02/23/2006 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 06-122
<b>APPLICANTS</b> Roman Stauch, Assarnstadt, GERMANY <i>AS</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/08194 07/22/2004 <i>AS</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10340025.7 08/28/2003 <i>AS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/03/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AS</i> Examiner's Signature <i>AS</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 34704				
<b>TITLE</b> Device for extending bones				
<b>FILING FEE RECEIVED</b> 830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	